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27472 7590 02/23/2005

RANDALL B. BATEMAN  
 BATEMAN IP LAW GROUP  
 8 EAST BROADWAY, SUITE 550  
 PO BOX 1319  
 SALT LAKE CITY, UT 84110



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*Randall B. Bateman* (Depositor's name)  
*Randall B. Bateman* (Signature)  
 2/25/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/016,669

12/10/2001

David J. McNally

0205:ZEVX.CN

3838

TITLE OF INVENTION: LOW-PROFILE ENTEROSTOMY DEVICE

03/01/2005 BABRAHA2 00000056 10016669

01 FC:2501

700.00 OP

02 FC:1504

300.00 OP

03 FC:8001

30.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$700

\$300

\$1000

05/23/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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WILLIAMS, CATHERINE SERKE

3763

604-332000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ZEVEX, Inc.

Salt Lake City, UT

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 602720 (enclose an extra copy of this form). Deficiency only

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Date

Typed or printed name

Registration No.

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